

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

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|------------------------------------|--|--|---|
| Department Number and Name: | 440-Juvenile Temporary Detention Center (JTDC) | Program Description: Human Resources, Legal, Investigation and Management | In order to ensure that youth are housed in safe and humane conditions and to maintain a secure living and working environment for residents and staff, JTDC complies with all state and federal mandates. Administration manages all human resources (HR) services, including the hiring and payroll processes, compliance with all mandates and guidelines of the Administrative Office of the Illinois Courts (AOIC); and oversees the performance management process. It supervises all JTDC legal matters, including litigation and responding promptly to complaints and discovery requests. Administration also handles all labor-related matters, including employee discipline, and the processing of employee grievances. It conducts comprehensive and fair investigations of all alleged violations of JTDC, Court, or County policies and procedures or other infractions. |
| Program Name: | Administration | | |
| FTE: | 82.5 | | |

| OUTPUT METRICS (count of work units processed or produced, persons served, etc.) | | | | | | | | | | | | |
|--|---|--|---|----------------------------|--|-------------|--|--|----------------|----------------|--|-------------|
| # | Metric name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Number of staff positions filled during the fiscal period | Number of open positions filled in the fiscal period. | 32 | 21 | 13 | 40 | 1 | 0 | .... | .... | 1 | .... |
| 2 | Number of paychecks processed using CCT* | Total number of time cards processed and sent to comptrollers for paycheck runs utilizing CCT in the fiscal period. | 1,358 (FY16 4th QT) | 17,654 | 17,654 | 17,696 | 5,240 | 3,672 | .... | .... | 8,912 | .... |
| 3 | Staff percents of white and non-white employees in the fiscal period | Composition of JTDC staff utilizing white and non-white categories. JTDC collects racial data using guidelines from the U.S. Office of Management and Budget (OMB), also used by the Census Bureau, and are based on self-identification. OMB requires five minimum categories: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. People who identify their origin as Hispanic, Latino, or Spanish may be of any race. | White 13% Non-White 87% | White 12% Non-White 88% | White 12% Non-white 88% | N/A | White 12% Non-white 88% | White 12% Non-white 88% | .... | .... | White 12% Non-white 88% | .... |
| 4 | Staff by age group, in years, in the fiscal period | Staff composition by age group in five-year increments from 21 to 70 and one category over 70 years of age. | 21 to 25 = 14 26 to 30 = 97 31 to 35 = 132 36 to 40 = 109 41 to 45 = 96 46 to 50 = 116 51 to 55 = 62 56 to 60 = 56 61 to 65 = 28 66 to 70 = 9 >70 = 2 | Not applicable | 25 to 25 = 11 26 to 30 = 89 31 to 35 = 120 36 to 40 = 96 41 to 45 = 94 46 to 50 = 103 51 to 55 = 61 56 to 60 = 48 61 to 65 = 23 66 to 70 = 7 >70 = 1 | N/A | 25 to 25 = 3 26 to 30 = 70 31 to 35 = 104 36 to 40 = 105 41 to 45 = 85 46 to 50 = 110 51 to 55 = 66 56 to 60 = 49 61 to 65 = 30 66 to 70 = 6 >70 = 3 | 26 to 25 = 3 26 to 30 = 70 31 to 35 = 104 36 to 40 = 105 41 to 45 = 85 46 to 50 = 110 51 to 55 = 66 56 to 60 = 49 61 to 65 = 30 66 to 70 = 6 >70 = 3 | .... | .... | 26 to 25 = 3 26 to 30 = 70 31 to 35 = 104 36 to 40 = 105 41 to 45 = 85 46 to 50 = 110 51 to 55 = 66 56 to 60 = 49 61 to 65 = 30 66 to 70 = 6 >70 = 3 | .... |
| 5 | Number of employee discipline referrals processed in the fiscal period | Number of employee discipline referrals processed in the fiscal period along the continuum from occurrence of incidents to formal disciplinary hearing. | 199 | 210 | 409 | 304 | 56 | 58 | .... | .... | 114 | .... |
| 6 | Number of employee grievances initiated in the fiscal period | Number of employee grievances initiated in the fiscal period. | 84 | 84 | 312 | 198 | 87 | 83 | .... | .... | 170 | .... |
| 7 | Litigation Support Services completed | Number of responses to discovery requests and liaisons with outside counsel in the fiscal period. | 40 | 58 | 112 | 76 | 59 | 51 | .... | .... | 110 | .... |
| 8 | Number of investigations in the fiscal period resulting from alleged violations of the JTDC, Court, or County policies and procedures or other infractions. | Number of investigations in the fiscal period resulting from alleged violations of the JTDC, Court, or County policies and procedures or other infractions. | 232 | 225 | 168 | N/A | 38 | 53 | .... | .... | 91 | .... |
| 9 | Number of PREA Resident Assessments in the fiscal period | PREA standard 115.341(a) requires an assessment of every resident that entails obtaining and using information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon the resident. | 3371 | 4118 | 2988 | N/A | 616 | 654 | .... | .... | 1270 | .... |

* The Cook County Time (CCT) Time & Attendance project is being implemented at JTDC from October 2016 through November 2017. CCT is a Countywide effort to automate the time and attendance reporting function and improve the accuracy of reporting.

Note: To accommodate County request "2018 YE Actual" has been changed to 2018 YTD

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

| EFFICIENCY METRICS <i>(cost per unit, work units processed per staff person, cycle time to complete work unit, etc.)</i> | | | | | | | | | | | | |
|--|---|--|-----------------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|----------|-------------|
| # | Metric name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Average time to fill an open position from posting to onboarding in the fiscal period | The average number of days elapsed from the day an open position is posted to the start date of the selected candidate in the fiscal period. | 173 days | 158 days** | 137 | 56 | N/A | N/A | .... | .... | N/A | .... |
| 2 | Number of pay discrepancies in the fiscal period | Total number of reported discrepancies in projected pay vs. actual pay received by employees in the fiscal period. | 225* (FY16 4th QT) | 240*** | 506 | 100 | 23 | 72 | .... | .... | 95 | .... |
| 3 | Average employee discipline case processing time in the fiscal period | The average processing time, in hours, in the fiscal period between the receipt of a discipline request by HR and its outcome. | 11 hours | 11 hours | 7.34 | 10 hours | 10 | 10 | .... | .... | 10 | .... |
| 4 | Average employee grievances case processing time in the fiscal period | The average processing time, in hours, in the fiscal period between the receipt of a grievance by HR and the outcome of the grievance. | 7 hours | 6 hours | 4.95 | 6 hours | 5 | 5 | .... | .... | 5 | .... |
| 5 | Litigation Support average time to process a request in the fiscal period | The average time spent, in hours, in the fiscal period by all Litigation Support personnel involved in processing one case. | 18 hours | 13 hours | 8.86 | 14 hours | 3 | 4 | .... | .... | 4 | .... |

* The implementation of CCT programming and related system glitches from 10/16/2016 to 11/20/2016 account for the majority of the pay discrepancies in FY 2016.

** Target reflects the goal to decrease by 5 percent the number of days to fill based on 2015 and 2016 actual figures.

*** 2017 Target is based on the expectation of a more efficient rate due to CCT system adjustment.

| OUTCOME METRICS <i>(percentage of success accomplishing a program's primary task, customer satisfaction survey results, etc.)</i> | | | | | | | | | | | | |
|---|---|---|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|----------|-------------|
| # | Metric Name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Percent of open positions filled during the fiscal period | The percent of open available positions filled during the fiscal period. | 89% | 100% | 8.75% | 100% | 1% | N/A | .... | .... | N/A | .... |
| 2 | End-of-year retention rate of that year's hires | The percent of employees hired during the fiscal year that maintain employment at the end of the fiscal year. | 93% | 95% | 98.5% | 95% | 96% | N/A | .... | .... | N/A | .... |
| 3 | Payroll Proficiency Rate | The percent of employee paychecks that are discrepancy-free during the fiscal period | 83%* | 98% | 94% | 98% | 99% | 99% | .... | .... | 99% | .... |
| 4 | Percent of completed employee discipline per fiscal period | All discipline accepted and fully processed during the fiscal period. | 100% | 100% | 100% | 100% | 100% | 100% | .... | .... | 100% | .... |
| 5 | Percent of employee grievances completed per fiscal period | Percent of grievances accepted and fully processed within the fiscal period. | 89% | 100% | 25% | 100% | 26% | 29% | .... | .... | 28% | .... |
| 6 | Completion rate of Litigation Support requests in the fiscal period | Percent of Litigation Support document requests accepted and completed within the requested deadlines in the fiscal period. | 100% | 100% | 100% | 100% | 100% | 100% | .... | .... | 100% | .... |

* Reflects data from the start CCT implementation on 10/16/2016

Note: To accommodate County request "2018 YE Actual" has been changed to 2018 YTD

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

| | | | |
|------------------------------------|--|------------------------------|---|
| Department Number and Name: | 440-Juvenile Temporary Detention Center (JTDC) | Program Description : | <p>The JTDC complies with all federal and state mandates and follows the 2014 standards for secure detention facility, entitled CHAPTERS. The CHAPTERS standards developed by the Annie E. Casey Youth Law Center and the Center for Children's Law and Policy provide an overview of operation at the JTDC.</p> <p>CLASSIFICATION AND INTAKE - Is responsible for intake and admission of residents providing required orientation including compliance with the Prison Rape Elimination Act (PREA).</p> <p>ACCESS - JTDC provides access to family engagement, effective case management, visitation and resident releases.</p> <p>PROGRAMMING - JTDC ensures residents receive educational services, transportation, recreation, religious services, volunteer services, positive behavior management and gender responsive programming.</p> <p>TRAINING AND SUPERVISION OF STAFF - JTDC provides training for staff that meet federal and state mandates. Ensures that staff receive training that meet all Administrative Office of the Illinois Courts (AOIC) mandated requirements. Provides quality assurance to ensure compliance with legal mandates.</p> <p>ENVIRONMENT - JTDC ensures the safety and security of its 650,000 sq. ft. secured detention facility. Also provides emergency preparedness based upon Homeland Security standards. The JTDC maintains, cleans and sanitizes the facility including the living units, offices, gyms and kitchen.</p> <p>RESIDENT BEHAVIOR MANAGEMENT - administer daily behavior programming for residents, administer daily rewards for residents, administer behavior management rules and consequences for residents, conduct due process hearings for resident rule violations, coordinate resident grievances, plan, coordinate and administer resident behavior plans as appropriate for rule violations and violent behavior.</p> <p>SAFETY - monitor and protect the facility, staff, residents, and visitors, respond to crisis situations, administer the standards of the Prison Rape Elimination Act (PREA), inventory radios, keys, and equipment to ensure the security of the facility, monitor and coordinate everyone and everything that enters and exits the secure areas of the facility to prevent the introduction of contraband and maintain security, search for and seize any contraband introduced into the secure facility, conduct residents counts as required by detention standards, coordinate all movement within the secure areas and investigations of abuse, neglect and retaliation.</p> |
| Program Name: | JTDC Chapters | | |
| FTE: | 596.5 | | |

| OUTPUT METRICS (count of work units processed or produced, persons served, etc.) | | | | | | | | | | | | |
|--|--|--|--|----------------------------|---|-------------|---|---|----------------|----------------|---|-------------|
| # | Metric name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Number of admissions processed in the fiscal period | Number of JTDC admissions in the fiscal period. | 3,371 | 4,118 | 2,996 | N/A | 616 | 654 | .... | .... | 1,270 | .... |
| 2 | Number of releases processed in the fiscal period | Number of JTDC releases in the fiscal period. | 3,397 | 4,117 | 3,855 | N/A | 612 | 647 | .... | .... | 1,259 | .... |
| 3 | Resident percents by race or ethnicity | JTDC collects racial data using guidelines from the U.S. Office of Management and Budget (OMB), also used by the Census Bureau, and are based on self-identification. OMB requires five minimum categories: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. People who identify their origin as Hispanic, Latino, or Spanish may be of any race. | Black - 80% Latino - 15% Asian- 0% Other - 5% White - 3% | Not applicable | Black - 70% Mexican- 5% Puerto Rican- 1% Other Hispanic, Latino, or Spanish- 8% Other- 6% White- 10% | N/A | Black - 71% Latino - 14% Asian- 0% Other - 5% White - 10% | Black - 70% Mexican -7% Puerto Rican - 2% Other Hispanic, Latino, or Spanish - 5% Other - 4% White - 12% | .... | .... | Black - 71% Latino - 14% Asian- 0% Other - 4% White - 11% | .... |
| 4 | Average resident length of stay by gender (M for males, F for females) in days in the fiscal period. | Resident average length of stay in days by gender in the fiscal period | M - 31 days F - 18 days | M - 47 days F - 23 days | Males - 21 Females-25 | N/A | M - 36days F - 22 days | Males - 29 Females - 31 | .... | .... | Males - 32.5 Females - 26.5 | .... |
| 5 | Percent of each gender in residence during the fiscal period | Proportion of males and females in residence during the fiscal period | M - 92% F - 8% | M - 92% F - 8% | Males- 93% Females- 7% | N/A | M - 92% F - 8% | Males - 92% Females - 8% | .... | .... | Males - 92% Females - 8% | .... |

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

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|----|---|---|---------|---------|---------|-----|--------|--------|------|------|---------|------|
| 6 | Implementation of Effective Case Management total hours per fiscal period | Effective Case Management: A process that requires the Caseworker to work collaboratively with residents and families to provide residents individual intensive diagnostic assessment by identifying educational, health, mental health, and behavioral needs; rewarding and acknowledging positive behavior as well as sanctioning ceptable behavior. Resident Visits: Visits including family, legal personnel, volunteers, clinical agencies, probation officers, and other stakeholders. Administrative Intervention Plan: An individual multidisciplinary Administrative Center. All plans are developed by the resident's parent center TL/ATL and Caseworkers and include restorative justice goals that focus on a timely and successful reentry strategy for the resident to return to his/her parent center. Caseworkers conduct Prison Rape Elimination Act (PREA) training with residents two times per year. | 215,350 | 348,575 | 157,140 | N/A | 12,480 | 12,870 | | | 25,350 | |
| 7 | Average caseload per caseworker in the fiscal period | Caseworkers collaborate with residents and families to provide residents with an individual intensive diagnostic assessment that identifies educational, health, mental health, and behavioral needs. This metric reports the average number of clients receiving services from each caseworker in the fiscal period. | 112 | 137 | 26 | N/A | 23 | 25 | ... | ... | 24 | ... |
| 8 | Internal Prison Rape Elimination Act (PREA) allegations | PREA mandates (Standard 115.322) an investigation is completed for all allegations of sexual abuse and sexual harassment. This metric reports the total number of sexual abuse and sexual harassment allegations at JTDC in the fiscal period. | 32 | 30 | 9 | 21 | 3 | 4 | ... | ... | 7 | ... |
| 9 | PREA Referrals and Multi-Disciplinary Team (MDT) meetings in the fiscal period | PREA standard {115.342} mandates that the information received from the screening and resident self disclosures is utilized to make housing, bed, program, and education assignments with the purpose of keeping all residents free from sexual abuse and sexual harassment. Multi-Disciplinary Team (MDT) is a group of staff from diverse disciplines who collectively share information, develop recommendations, utilize comprehensive assessments, and coordinate services to address and effectively meet the specific needs of JTDC residents. This metric reports the total number of referrals plus the total number of MDT meetings in the fiscal period. | 177 | 175 | 265 | 221 | 55 | 53 | ... | ... | 108 | ... |
| 10 | Hours of Large Muscle Exercise offered to residents per year | Recreation and Activities Program: Develops and implements comprehensive recreation and activities programs for residents of each Center that includes indoor and outdoor recreation as well as at least one hour of large muscle activity per day. This metric reports the total number of hours of large muscle exercise offered to residents in the fiscal period. | 91,250 | 139,430 | 91,547 | N/A | 17,370 | 19,412 | ... | ... | 36,782 | ... |
| 11 | Number of staff that received training in the fiscal period | The total number of staff who received training in the fiscal period . | 648 | 679 | 536 | 616 | 428 | 497 | ... | ... | 497 | ... |
| 12 | Number of volunteers that received training in the fiscal period | The total number of volunteers who received training in the fiscal period. | 255 | 280 | 349 | 375 | 325 | 53 | ... | ... | 378 | ... |
| 13 | Number of staff trained on the PREA in the fiscal period | The total number of JTDC staff who received training on the PREA in the fiscal period. | 647 | 679 | 1,523 | 621 | 331 | 201 | ... | ... | 532 | ... |
| 14 | Number of events captured on video and archived in the fiscal period | Number of events in the fiscal period captured on video and archived for possible future reference. Events that are captured on video and archived include: Major rule violations, extraordinary circumstances, allegations of neglect and abuse, allegations of staff misconduct, staff injuries and staf training opportunities. | 2,007 | 2,282 | 1,155 | N/A | 261 | 247 | ... | ... | 508 | ... |
| 15 | Behavior Management Program hours provided on average per center in the fiscal period | JTDC's Behavior Management Program is a round-the-clock effort by all staff members to reinforce appropriate resident behaviors while providing positive and corrective consequences for inappropriate resident behaviors as necessary. This metric reports the total average number of hours of behavior management provided per center in the fiscal period. | 258,420 | 334,632 | 177,544 | N/A | 51,110 | 58,236 | ... | ... | 109,346 | ... |

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

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|----|---|---|-------|-------|-------|-------|-------|-------|-----|-----|-------|-----|
| 16 | Resident Disciplinary Due Process Hearings | Hearings conducted by JTDC officers to assess formal behavioral charges on residents. | 4,885 | 5,616 | 5,785 | N/A | 2,190 | 1,303 | ... | ... | 3,493 | ... |
| 17 | Number of resident grievances in the fiscal period | Resident grievances are collected every business day. They are tracked by a grievance coordinator who distributes them for response by departmental staff. This metric reports the total number grievances collected from residents in the fiscal period. | 1,842 | 844 | 992 | N/A | 158 | 220 | ... | ... | 378 | ... |
| 18 | Work orders submitted to the Cook County Department of Facilities Management in the fiscal period | Work orders are submitted to inform the Cook County Department of Facilities Management about all areas of the JTDC's 650,00 square feet physical plant in need of repairs and maintenance. This metric reports the total number of work orders submitted in the fiscal period. | 7,289 | 8,476 | 3,038 | 5,163 | N/A | 566 | ... | ... | 556+ | ... |

| EFFICIENCY METRICS (cost per unit, work units processed per staff person, cycle time to complete work unit, etc.) | | | | | | | | | | | | |
|---|--|--|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|----------|-------------|
| # | Metric name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Average daily cost of housing a minor at JTDC in the fiscal period | Average daily cost of housing a minor at the JTDC in the fiscal period. | \$520 | \$520 | \$520 | \$520 | \$520 | \$520 | .... | .... | \$520 | .... |
| 2 | Average amount of time expended in processing a PREA resident assessment in hours in the fiscal period | PREA standard 115.341(a) requires obtaining and using information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon the resident. This metric reports the average amount of time spent in processing a PREA resident assessment in the fiscal period. | 0:21 | 0:17 | 0:21 | N/A | 0:34 | 0:31 | .... | .... | 0:33 | .... |
| 3 | Average amount of time expended in processing an internal PREA allegation in hours in the fiscal period | PREA Coordinator provides follow-up on every PREA investigation to ensure proper notifications were issued, resident services provided, reporting to the Department of Justice, Office of Justice Program, and included in the federally mandated PREA report. Additionally, conducts incident reviews of all substantiated investigations. This metric reports the average amount of time spent in processing an internal PREA allegation in the fiscal period. | 0.88 | 0.96 | :30 | 30.00 | 34:67 | 0:26 | .... | .... | n/a | .... |
| 4 | Average amount of time expended in processing PREA referrals and conducting Multi-Disciplinary Team Meetings (MDT) in hours in the fiscal period | PREA Coordinator provides follow-up on every PREA referral to ensure all appropriate actions are taken such as housing recommendations, additional security measures needed, review of incident report, and conducts MDT meetings as needed. This metric reports the average amount of time spent in processing a PREA referral and conducting a MDT in the fiscal period. | 0.17 | 0.17 | 3 | 2 | 3.78 | 3.92 | .... | .... | 3.85 | .... |
| 5 | Average number of events captured on video processed per video analyst in the fiscal period | This metric reports the average number of events captured on video by each video analyst in the fiscal period. | 1003.00 | 1141.00 | 251 | N/A | 130 | 124 | .... | .... | \$254 | .... |
| 6 | Hearings Conducted Per Hearing Officer Average number of hearings conducted by each hearing officer in the fiscal period. | This metric reports the average number of hearings conducted by each hearing officer in the fiscal period. | 1221.00 | 1404.00 | 1438 | N/A | 325 | 326 | .... | .... | 651 | .... |
| 7 | Average amount of time, in days, in the fiscal period that lapses between the time a grievance is received to the time it is resolved | The grievance process provides a formal way for residents to complain about something believed to be wrong or unfair. It teaches residents how to voice dissatisfaction in a socially acceptable way. Length This metric reports the average length of time, in days, in the fiscal period from when a grievance is received to when it is resolved (in days). | 2.83 | 2.50 | 4 | N/A | 2.60 | 3.3 days | | | 3 days | |

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| | | | | | | | | | | | | |
|----|---|--|-----------|-----------|-------|--------|--------|--------|------|------|---------|------|
| 8 | Number of instances in the fiscal period that any resident is transported to any location outside of the JTDC premises | JTDC has a specialized division of staff trained in transporting residents for an authorized purpose and location outside of the JTDC premises. Examples include transport to a court beyond the building that houses JTDC, placement, hospitals, and funeral furloughs. | 1041.00 | 1041.00 | 1026 | N/A | 289 | 178 | | | 467 | |
| 9 | Number of instances in the fiscal period that any resident is transported to any location within the JTDC premises or the building that houses JTDC | Internal transportation is the movement of any resident within the physical structure of the JTDC; inclusive of court, medical, programming, school, visitation, recreation, scheduled meetings, and other authorized purposes. | 117139.00 | 149587.00 | 99783 | N/A | 24,673 | 77,590 | .... | .... | 102,263 | .... |
| 10 | Total number of responses in the fiscal period to emergency and non-emergency assistance calls from residents | A specialized team of trained staff responds around-the-clock to emergency and non-emergency calls for assistance from residents. | 1146.00 | 1146.00 | 994 | N/A | 243 | 210 | .... | .... | 453 | .... |
| 11 | Average number of external transportation events per day per staff | All residents must be accompanied by JTDC trained transportation staff for court beyond the JTDC building, placement, hospitals, funeral furloughs, etc. | 3.00 | 3.00 | 1 | N/A | 1 | 1 | .... | .... | 1 | .... |
| 12 | Average number of internal transportation events per-day per staff | All moves (inclusive of court in the JTDC building, medical, programming, school, visitation, recreation, scheduled meeting, etc.) for residents are escorted by JTDC staff. | 12.00 | 12.00 | 3 | N/A | 3 | 1 | .... | .... | 2 | .... |
| 13 | Average number of emergency and non-emergency responses per staff per day in the fiscal period | A specialized team of trained staff responds on a 24-hour basis to assistance calls of an emergency or non-emergency nature from residents. | 3 | 3 | 1 | N/A | 1 | 1 | .... | .... | 1 | .... |
| 14 | Average number of work orders submitted to Cook County Facilities Management by each authorized JTDC staff member during the fiscal period. | Formal established process for JTDC's two authorized staff members to submit work order requests to Cook County Facilities Management to address repair and maintenance needs of JTDC's 650,000 square feet physical plant. | 3644 | 4238 | 380 | N/A | 429 | 283 | .... | .... | 712 | .... |
| 15 | Total number of training hours provided to JTDC staff during the fiscal period | The total number of training hours held for JTDC staff through the fiscal period. | 51319 | 57000 | 52420 | 51,870 | 15,077 | 10,612 | .... | .... | 25,689 | .... |

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

| OUTCOME METRICS (percentage of success accomplishing a program's primary task, customer satisfaction survey results, etc.) | | | | | | | | | | | | |
|--|---|--|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|----------|-------------|
| # | Metric Name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Percent of residents admitted who complete the PREA orientation process in the fiscal period. | The orientation process includes intake, inventory of personal property, parent notification, review of the resident handbook, and review of JTDC rules and procedures with newly-admitted residents. A medical or mental health crisis may prevent a resident from completing the orientation upon arrival; however, orientation in such cases takes place when the resident is stabilized. Also, a decision by the assistant state's attorney not to file charges, or a release of the youth may also impact the ability to complete the orientation process. | 100% | 100% | 93% | 100% | 96% | 96% | .... | .... | 96% | .... |
| 2 | Percent of PREA Resident Assessments successfully completed in the fiscal period | Federal mandates require all residents admitted are assessed for the risk of sexual abuse and sexual harassment (PREA standard 115.341). A resident's refusal, medical or mental health crisis, or release may impact the ability to complete an assessment. | 100% | 100% | 100% | 100% | 100% | 100% | .... | .... | 100% | .... |
| 3 | Percent of Internal PREA Investigations successfully completed in the fiscal period | All allegations of sexual abuse and sexual harassment are investigated as required by federal mandates (PREA standard 115.322). A successfully completed investigation means that a finding, typically "Substantiated", "Unsubstantiated" or "Unfounded", has been made. An unsuccessful investigation is one that does not have a finding and does not meet PREA standards. Federal law requires the tracking of all investigations and findings. While it is unlikely that an unsuccessful investigation would take place, it is still required that JTDC record whether investigations are successful. | 100% | 100% | 100% | 100% | 100% | 100% | .... | .... | 100% | .... |
| 4 | Percent of PREA Referrals and Multi-Disciplinary Team (MDT) meetings successfully completed in the fiscal period. | Federal mandates require the use of information obtained during resident screening, mental and medical assessment, resident disclosures, and any other relevant information to determine residents housing placement, programming, and education assignments (PREA standard 115.342). Relevant information obtained triggers a PREA Referral and an MDT meeting. A successfully completed investigation means that a finding, typically "Substantiated", "Unsubstantiated" or "Unfounded", has been made. Unsuccessful would be if a resident left the facility and there was no finding that could be made. A successful MDT Meeting would mean that the meeting actually took place and accommodations and/or changes in operations were made as a result of the meeting. While highly unlikely, an unsuccessful referral and MDT would be a resident who was referred to PREA follow-up but did not receive it. | 100% | 100% | 100% | 100% | 100% | 100% | .... | .... | 100% | .... |
| 5 | Estimated percent of residents who participate in Large Muscle Exercise program | Comprehensive recreation and activities programs for residents of each center include indoor and outdoor recreation as well as at least one hour of large muscle activity per day. | 90% | 100% | 100% | 100% | 90% | 100% | .... | .... | 95% | .... |
| 6 | Percent of staff trained according to PREA training standards who attained a passing score on the PREA training exit examination in the fiscal period | PREA standards require all staff trained according to PREA standards and attain a passing score on an exit examination upon completion of training. | 96% | 100% | 93% | 100% | 53% | 80% | .... | .... | 80% | .... |
| 7 | Percent of detention staff that received the 40 hours of training required by AOIC's Detention Staff Training Standards in the fiscal period | The percent of detention staff in the fiscal period that received training that brought them into compliance with AOIC's Detention Staff Standard of 40 hours of training per year. | 74% | 100% | 57% | 100% | 13% | 39% | | | 52% | |

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|----|---|--|------|------|------|----------------|----------------|----------------|------|------|----------------|------|
| 8 | Percent of all admissions and release data in the fiscal period entered into RMIS during the fiscal period. | The entry into RMIS of all admission and release data of residents is required by JTDC policy | 100% | 100% | 100% | N/A | 100% | 100% | | | 100% | |
| 9 | Rate of Residents participating in Behavioral Management Program | All residents are supervised and participate in behavioral management programming; including rewards, consequences, safety and security checks. | 100% | 100% | 100% | 100% | 100% | 100% | .... | .... | 100% | .... |
| 10 | Due Process Hearings completed within 4 Hours | Percent of hearings completed within 4 hours. | 89% | 100% | 90% | N/A | 89% | 89% | .... | .... | 89% | .... |
| 11 | Satisfaction Rate on Parent Satisfaction Survey | Parent Satisfaction Surveys are distributed when parents are picking up residents for release. The results provided here are regarding responses to the question, "Was JTDC staff helpful during your son/daughter's detention at the JTDC?" | 83% | 100% | 86% | 100% | 90% | 75% | .... | .... | 83% | .... |
| 12 | Resident perceptions of physical safety at JTDC as measured by the Social Climate Scale - Safety Subscale | The Social Climate Scale (SCS) is a environmental assessment conducted semi-annually at juvenile detention centers across the nation. The safety subscale assesses resident perceptions of physical safety at the detention center. SCS data is calculated by a consultant from Michigan State University. The mean score for juvenile detention centers nationally is 50. | 55.8 | 56 | 71.5 | Not available* | Not available* | Not available* | .... | .... | Not available* | .... |
| 13 | Social Climate Scale - Activity Subscale | The Social Climate Scale (SCS) is a environmental assessment conducted semi-annually at juvenile detention centers across the nation. The activity subscale assesses resident perceptions of the activities available to residents at the detention center. | 55 | 55 | 54 | Not available* | Not available* | Not available* | .... | .... | Not available* | .... |
| 14 | Social Climate Scale - Order/Organization Subscale | The Social Climate Scale (SCS) is a environmental assessment conducted semi-annually at juvenile detention centers across the nation. The activity subscale assesses resident perceptions of the detention center. | 55 | 55 | 58 | Not available* | Not available* | Not available* | .... | .... | Not available* | .... |

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

| | | | |
|------------------------------------|--|--|--|
| Department Number and Name: | 440-Juvenile Temporary Detention Center (JTDC) | Program Description: CCHHS Cermak | Conducts crisis interventions and provides medical assessments and services to all residents including dental care, scheduling of external appointments, and follow up. Medically required direct care supervision of residents on crisis watch and/or other medically required supervision. Provides psychological and psychiatric assessment and follow up services. Provides psycho-educational groups and individual mental health services to all residents. Also provides health and mental health educational services. |
| Program Name: | Health and Mental Health Care | | |
| FTE: | CCHHS* FTEs and not in JTDC's FTE appropriation. | | |

* Cook County Health and Hospitals System

| OUTPUT METRICS (count of work units processed or produced, persons served, etc.) | | | | | | | | | | | | |
|--|--|---|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|----------|-------------|
| # | Metric name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Number of dental services provided in fiscal period | Oral examinations, oral treatment, extractions, x-rays, periodontal, restorations, etc. | 5,946 | 6,000 | 2,834 | N/A | 403 | 382 | .... | .... | 785 | .... |
| 2 | Number of nursing health assessments completed in the fiscal period. | Nurses perform health assessments for injuries, restraints and confinements. | 10,034 | 10,000 | 12,787 | 10,000 | 2,649 | 2,622 | .... | .... | 5,271 | .... |
| 3 | Number of nursing sick calls completed in the fiscal period | Residents' health service requests are triaged by the nurse within 24 hours. | 9,305 | 10,000 | 5,534 | 6,000 | 1,066 | 1,379 | .... | .... | 2,445 | .... |

| EFFICIENCY METRICS (cost per unit, work units processed per staff person, cycle time to complete work unit, etc.) | | | | | | | | | | | | |
|---|---|---|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|----------|-------------|
| # | Metric name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Daily average number of patients served per dentist in the fiscal period | Average number of patients seen by a dentist in a clinical day. | 9 | 10 | 12 | N/A | 8 | 8 | .... | .... | 8 | .... |
| 2 | Daily average number of nursing health assessments completed per nurse in the fiscal period | Average number of daily health assessments by a registered nurse per day. | 5 | 6 | 6 | 6 | 5 | 5 | .... | .... | 5 | .... |
| 3 | Daily nursing sick calls completed per nurse in the fiscal period | Average number of sick calls attended by a registered nurse per day. | 15 | 20 | 15 | 15 | 12 | 15 | .... | .... | 13 | .... |

| OUTCOME METRICS (percentage of success accomplishing a program's primary task, customer satisfaction survey results, etc.) | | | | | | | | | | | | |
|--|---|--|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|----------|-------------|
| # | Metric Name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Percent of residents who report being satisfied with medical services at JTDC | Percent of residents in the fiscal period who report agreement with item number 14 in a survey administered when released from JTDC. Item number 14 of the survey states: "I found the medical service helpful." | 91% | 95% | 83% | 100% | N/A** | N/A** | .... | .... | N/A** | .... |

* Developed questionnaire in quarter 1 and the administration of the survey will begin the following Quarter

** Next survey will be in Q3

Note: To accommodate County request "2018 YE Actual" has been changed to 2018 YTD

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

| | | | |
|------------------------------------|---|--|--|
| Department Number and Name: | 440-Juvenile Temporary Detention Center | Program Description: Cook County Health and Hospitals System (CCHHS) Cermak | Conducts crisis interventions and provides medical assessments and services to all residents including dental care, mental health services, transportation to appointments, and medically required direct care supervision of residents on crisis watch and/or other medically required supervision; and provides mental health services to all residents. |
| Program Name: | Health and Mental Health Care | | |
| FTE: | Contract cost not County FTE | | |

| OUTPUT METRICS (count of work units processed or produced, persons served, etc.) | | | | | | | | | | | | |
|--|--|--|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|----------|-------------|
| # | Metric name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Mental health follow-up (MHFU) counseling sessions conducted during the fiscal period. | "Follow-up" status residents are provided with weekly individual counseling sessions, often more depending on acuity, until the identified problems are resolved or the resident leaves the detention center. | 6,228 | 5,616* | 4,873 | 4,680 | 1,092 | 1,283 | .... | .... | 2,375 | .... |
| 2 | Psychiatric follow-up visits conducted in the fiscal period | Youth who are prescribed psychotropic medication are monitored closely by way of follow-up clinic visits with the prescribing Psychiatrist/Advanced Practice Nurse (APN). | 1,117 | 988** | 921 | 676 | 183 | 270 | .... | .... | 453 | .... |
| 3 | Clinical rounds completed in the fiscal period | A "Clinical Round" is a meeting or conference conducted daily by Mental Health clinicians with center staff to identify problem issues that residents may be experiencing and design interventions to address them before they worsen. | 16,584 | 9,855 | 12,754 | 9,855 | 2,810 | 2,783 | .... | .... | 5,593 | .... |

* If the average number of residents on MHFU status per week remains at 108.

** If the average number of residents being treated remains at 38 per week.

| EFFICIENCY METRICS (cost per unit, work units processed per staff person, cycle time to complete work unit, etc.) | | | | | | | | | | | | |
|---|---|---|-------------|-------------|-------------|-------------|----------------|----------------|----------------|----------------|----------|-------------|
| # | Metric name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Average number of clinical contacts per clinical FTE during the fiscal period | Clinical contacts occur in activities such as individual and group counseling, assessments, psychiatric contacts, clinical rounds and clinical consultations. | 2,263 | 1,750 | 2,204 | 1,750 | 589 | 654 | .... | .... | 1,243 | .... |
| 2 | Average number of clinical contacts in the fiscal period per Mental Health Clinical FTE | Annual clinical contacts by MH clinical FTE. These FTEs include Licensed Clinical Psychologists, Licensed Clinical Social Workers, and masters-level Mental Health Specialists. | 2,138 | 1,750 | 2,070 | 1,750 | 549 | 599 | .... | .... | 1,148 | .... |
| 3 | Average number of clinical contacts in the fiscal period per psychiatry FTE | Annual clinical contacts by Psychiatry FTE. These FTE include board certified Child and Adolescent Psychiatrists and an Advanced Practice Psychiatric Nurse. | 3,286 | 2,750 | 3,113 | 2,750 | 922 | 1,113 | .... | .... | 2,035 | .... |

Note: To accommodate County request "2018 YE Actual" has been changed to 2018 YTD

**Circuit Court of Cook County Performance Metrics
Department 440 - Juvenile Temporary Detention Center**

| OUTCOME METRICS (percentage of success accomplishing a program's primary task, customer satisfaction survey results, etc.) | | | | | | | | | | | | |
|--|--|---|-------------|-------------|---------------|-------------|----------------|----------------|----------------|----------------|----------|-------------|
| # | Metric Name | Definition | 2016 Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Q1 Actual | 2018 Q2 Actual | 2018 Q3 Actual | 2018 Q4 Actual | 2018 YTD | 2019 Target |
| 1 | Rate of compliance in the fiscal period by psychiatrists and other Qualified Mental Health Providers (QMHP) with chronic disease treatment protocols | The rate of compliance in the fiscal period by psychiatrists and other QMHPs with chronic disease treatment protocols as evidenced by documentation in the medical record that the patient's condition and status are monitored and appropriate action is taken to improve patient outcome. | 100% | 100% | 100% | 100% | TBD | TBD | .... | .... | TBD | .... |
| 2 | Rate of overall client satisfaction as rereported by residents in the Youth Satisfaction Survey | The Youth Satisfaction Survey evaluates the quality of IRC clinical services as assessed by the youth at the JTDC. The survey is also intended to identify opportunities for improvement. | 76% | 85%* | Not Available | 85% | TBD | TBD | .... | .... | TBD | .... |
| 3 | Number of psychiatric hospitalizations*** in the fiscal period | Instances in the fiscal period of residents experiencing symptoms which cannot be adequately managed in a correctional setting and require placement in an outside hospital for stabilization and treatment. | 11 | 15 | 13 | 15 | 0 | 6 | .... | .... | 6 | .... |

* Surveys are completed in April and November each year. Reports are generated in June and December.

** The majority of residents affirm that IRC provides quality MH services, reporting a rate of overall satisfaction of 78.26%. Most respondents agreed they are approached with a positive attitude and treated with respect.

*** Our annual number of psychiatric hospitalizations has decreased by 88% over the last 7 years. Very significant because they disrupt the judicial process and are very costly - cost of a one-week youth hospitalization in Illinois is between \$12,000 and \$16,000.

Note: To accommodate County request "2018 YE Actual" has been changed to 2018 YTD